

Frank Quinta
(Print Name of lobbyist)

### STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

**PLEASE PRINT** 

			JAN 5.8 Soila
I. Name of Lobbyist(s) Prank Gui	inta		NEW HAMPSHIRE
II. Name of lobbyist's partnershi	lp, firm or corporation, if	any:	DEPARTMENT OF STATE
ML Strategies, LLC		· .	
(Name of partners)	hip, firm or corporation)		
701 Pennsylvania Ave NW	Washington,	DC	20004
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
202) 296-3622	( 202) 434-7400	e-mail: f	cguinta@mlstrategies.com
(Tolephono)	(Fax)		
III. This statement covers: (Choo reportable expense transactions All reportable transactions occu	which are not attributable	e to any one client).	
(Full Name	Granite Recovery C of Client as it appears on the I	Centers  Lobbyist Registration Form)	· 
<u>OR</u>			
	ne lobbyist (including the lo	obbyist's family), or the lob	bying firm listed below which a
unrelated to any particular client.			
IV. Date of Report April 25, 2 Reports cover: activity from date of	2018 of registration to 3/31/18	July 25, 2018  activity from 4/1/18 to 6	
October 3		January 30, 201	
	7/1/18 10 9/30/18	activity from 10/1/18 to	
V. There have been no fees red If this box is checked, complete just Concord, NH 03301.	-		•
VI. Check if additional reports as If you have received fees or ma		file Addendum A- Fees a	and Expenses /
If you have paid an honorariun	n or reimbursed expenses, y	ou must file Addendum B	8- Report of Honorariums or
Expense Reimbursement  If you, your firm, or your family	ly has made political contri	butions, you must file Add	lendum C– Political Contributio
Sworn Statement/Affirmation by have read RSA 15, RSA 15-B, RS and complete to the best of my know	SA 14-C and RSA 664 and		t the foregoing information is tr
(Signature of lobbyist)		1/25/19	(Date)
ι			• •



### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

TATE

1. Name of Lobbyist(s) Frank Guinta	NEW HAMPSHIRE DEPARTMENT OF ST
II. Name of lobbyist's partnership, firm or corporation, if any:	
ML Strategies, LLC (Name of partnership, lirm or corporation)	
III. Name of Client Granite Recovery Centers	Date 1/25/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 10,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ 10,000
c) Total of all fees received to date (Add lines a and b)	c) \$ 20,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 40,000

### V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 10,000
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ь) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 10,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 0
f) Total of all expenses year to date	f) \$ 20,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	<b>S</b>
	\$
	\$
 	· · · · · · · · · · · · · · · · · · ·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
tal Mut	1/25/19
(Signature of lobbyist)	(Date)
Frank Guinta	
(Print Name of Jobbyist)	·



### STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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I. Nome of Labbudat(s) David	le College			37.117.2.0 20.0
I. Name of Lobbylst(s) <u>Fran</u>	K Guinta		-	NEW HAMPSHIRE DEPARTMENT OF ST
II. Name of lobbyist's part	nership, firm or co	rporation, if any:		DEI ARTIMENT OF OT
ML Stra	ategies, LLC			
	nership, firm or corporation)			
III. Name of Client <u>Granite F</u>	Recovery Centers	Di	ate <u>1/25/19</u>	
<del></del>				
Political Contributions				
For each political contribut			iter 664 pai	d on behalf of the
client/lobbyist and lobbying	g firm, indicate the fo	ollowing:		
<u> </u>		**************************************		200 THE CO. LEWIS CO.
Dull name of condidates. For	omenth.	Dort		
Full name of candidate: Fr	(Last Name)	Bart (First Name)	(Midd	le Name/Initial)
	(Lust Hume)	(I II St I tame)	(111100	
Amount of contribution:\$20	00	Office Candidate	is Seeking;	State Rep
<del>.</del>				
Full name of candidate:				
	(Last Name)	(First Name)	(Midd	le Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking	
If the contribution is an in-king actual cost of the in-kind cout enter an estimated value and the	ribution on the line abo	a description of the good we for amount of contrib	ds or service ation. If the	s provided, and enter the actual cost is not known,
Full name of candidate:				
	(Last Name)	(First Name)	(Midd	le Name/Initial)
Amount of contribution \$	(Last Name)	(Pirst Name)	·	le Name/Initial)

If the contribution is an in-kind contribution, provide a desc actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	•
Control of State and State	
(If more than three contributions were made, report additional con-	tributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and l	
Fral Mart	1/25/19
(Signature of lobbyist)	(Date)
Frank Guinta	
(Print Name of lobbyist)	•

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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NEW HAMPSHIRE
DEPARTMENT OF STATE

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

	Name of Lobbying partnership, firm, or corporation: <u>ML Strategies, LLC</u>				
	Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any				
	particular client): Granite Recovery Centers				
	Date of Report (check one):				
	April 25, 2018 □ July 25, 2018 □ October 31, 2018 □ January 30, 2019 □ √				
	I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
	✓ Addendum A(s).				
	Addendum B(s).				
	Addendum C(s).				
	I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
/	1/25/19				
	(Signature of lobbyist) (Date)				
	Frank Guinta				
	(Print Name of lobbyist)				